

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38907

State File No. ....

X32873

FILED DEC 3 1943  
Registration District No. 3280

Primary Registration District No. 4416

Registrar's No. 36

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Platte Co.

(b) City or town Platte City

(c) Name of hospital or institution: Platte City 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 89 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte <sup>83</sup>

(c) City or town Platte City, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rachel Victoria Fisher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5  
year 1943 hour 9 minute 56 P. M.

21. I hereby certify that I attended the deceased from November 3  
1943 to November 5, 1943;  
that I last saw her alive on November 5, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced. Widow of

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 22 May - 1854  
(Month) (Day) (Year)

8. AGE: 89 Years Months Days If less than one day  
5 13 hr. min.

Immediate cause of death Cardiac + Renal insufficiency

Due to Generalized Arteriosclerosis

Due to Senility

Other conditions Auricular Fibrillation  
(Include pregnancy within 3 months of death)

9. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Barton Warren Estes

13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Kinney

15. Birthplace Texas 1  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Buena Fisher

(b) Address Platte City, Mo.

17. (a) Burial (b) Date thereof Nov. 8-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director Collins Mitchell

(b) Address Platte City, Mo.

19. (a) 11-8-43 (b) Mrs. Clara Riffe  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edward J. Coline (M. D. or other) M.D.

Address Platte City, Missouri Date signed 11/7/43

1209

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. Platt  
District File Number 12-43-101  
Date Filed 12-1-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Rollins Mitchell

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Rollins Nash Mortua

Licensed Embalmer No. 3947

P. O. Address: Edgerton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.